



APPLICATION FOR VISITING PRIVILEGES
State Form 14387(R3/8-91)

Indiana Department of Correction

INSTRUCTIONS: 1. Please Print. 2. Please answer every question. 3. Please sign. 4. Return form directly to : Counselor
Miami Correctional Facility
3038 West 850 South
Bunker Hill, IN 46914

OFFENDER INFORMATION APPLICATION INFORMATION	Name of offender		DOC number	
	Name of applicant		Date of birth	Age Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
	Address (number and street, city, state, Zip code)		Relationship to offender	
	Are you on parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are/were you an employee of the Indiana Department of Correction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list any arrests or convictions for other than minor traffic violations. If a conviction, list date of release from incarceration, parole or probation.				
If the answer to this question is NONE, please write NONE.				
Signature of applicant		Name of Spouse		
Signature of guardian (if applicant is under 18)		If the answer to this question is NONE, please write NONE.		
		Signature of approval		
		FOR OFFICE USE ONLY <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		